THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, NOVEMBER 3, 1883.

Original.

GUNSHOT WOUND OF THE CHEST,

Involving both Lungs; with Recovery.

BY E. S. MOSS, M.D.

Preston, T., a laborer, aged thirty-two, received an accidental gunshot wound at five P.M., August 19, 1882. The ball entered directly at the anterior and upper border of right axillary space, between the fourth and fifth ribs, ranged backward and downward and made its exit near posterior inferior angle of scapula, between the seventh and eighth ribs.

I did not see the patient until the morning of the 20th, when I found that he had not yet rallied from the shock of the injury.

The respirations were thirty per minute, and pulse one hundred and thirty and very feeble. The pupils were widely dilated, and continued in this condition until convalescence was established. This phenomenon has been present in all wounds of the lung which I have seen (some four or five cases), and in pneumonitis I have noticed it occasionally. There was very little hemorrhage externally. The ball had entered directly, but its course of exit was rather tortuous.

The patient was semi-erect in bed, and could not assume the horizontal posture without symptoms of immediate suffocation. He coughed occasionally with expectoration of clotted blood and pulpified lung tissue.

Physical examination and exploration by means of a hypodermic syringe showed that there had been a hemorrhage into each pleural cavity. There were some moist râles in the larger bronchi, and also in the supposed course of wound in the right and left lung. I at once closed the wound of entrance and exit, and ordered whisky and quinine in sufficient quantity to obtain the required stimulation, and had bottles of hot water applied to the feet. As I had no one with whom to consult, and no instruments with me, I left to return in afternoon.

At this time, after a consultation, it was agreed to remove the blood by aspiration on left side; but, failing in this, thoracentesis was performed between the eighth and ninth ribs, below the posterior inferior border of the scapula, and three pints of blood were taken from the pleural cavity. The cavity was washed out with a carbolized solution and closed at once. The right side was aspirated with better success, and a considerable, but not the entire amount of blood was removed. But, as the first operation had so much relieved the embarrassed respiration, we agreed to let the patient rest at this time. The case continued with little change until the third day, when local pneumonitis developed in each lung. This threatened to prove fatal up to seventh day. It was treated in the usual manner. The right side was aspirated a second time, but empyema developed in the left. On the twelfth day after the injury, a second thoracentesis was performed on the same side, a drainage-tube was introduced, and the cavity was washed out twice a day with a carbolized solution for three weeks, when it was allowed to close.

Patient's temperature continued to range from one to two degrees above normal with the respirations accelerated. There was no decided sign of improvement until after first six weeks, when the cough diminished, the temperature sank to normal, the appetite improved, and the patient could sleep without trouble.

On October 10th he was able to be up and about the room. He was now put on cod-liver oil, brandy, and cinchona bark. The improvement was slow but permanent, and though the cough was troublesome he gradually returned to his usual standard of

health and strength, so that at this writing, sixteen months after receiving the injury, he is earning a living for himself and family by daily labor.

I have examined him in the last month and find little or no deformity of the chest. The respirations are normal, pulse eighty, and there is no dullness to be found or râles to be heard over any portion of the chest. I am certain, from careful examination and direct observation, that the ball in its passage wounded both lungs. Thoracentesis was twice performed on the left side, once for blood and once for pus, and aspiration was practiced the same number of times on the right side.

A noteworthy feature in the case was the apparent hopelessness of the patient at the time of my first visit, the danger in wounds of the lungs as well as of hemorrhages into the pleural cavities justifying such prognosis.

The length of time which has elapsed since the wound was first received is sixteen months. The complete recovery of the patient after such an injury, with no visible evil result, is a point to which I wish to call the attention of the profession, not that I claim any achievement in bringing about a cure through any superiority in treatment, for some of our best authors will doubtless condemn the act of closing the wounds made by the ball at entrance and exit, but to hold up once again the old axiom "so long as there is life there is hope," and to add my testimony to the fact that even the most hopeless cases may recover under extreme measures of treatment. It may be said that nineteen out of twenty of the measures employed will be futile, but the end will often justify the means.

WILLIAMBURG, KY.

A CASE OF EPILEPSY.

BY CHAS. VAN WYE, M.D.

A. G., aged thirty-seven, and by occupation a farmer, applied to me in May, 1882, for medical treatment, he having been afflicted with epilepsy from early childhood. For a few years previous to above date, the convulsions had been increasing in frequency and severity, rendering his mental and physical condition extremely precarious. He had before this time consulted a number of doctors, the majority of whom, however, were itinerant pretenders, without receiving any benefit. I told him I could not promise a cure, but with his consent would try a remedy which I regarded the best known for the disease, and at the same time exacting a promise from him that he would persevere in taking the medicine for many months. Immediately ordered bromide of potassium, thirty grains to be taken three times a day. This was continued until it produced its full physiological effect, after which it was suspended for a few days. The drug has been used at intervals through a period of fifteen months, and to all appearances has resulted in a perfect cure, the patient having had but one light convulsion since the beginning of the treatment.

In reporting this case, I am well aware that I am advancing no new idea in the therapy of epilepsy, my object being merely to add a little substantial testimony to what has already been written in regard to the value of bromide of potassium in this disease.

BROWNING, LINN CO., MO.

Miscellany.

QUEER MEDICINES.—Very many queer things are made use of as medicines. The use of queer substances is not confined to any one school. They all have odd and uncanny articles, Regulars, Eclectics, Homeopaths, Physio-Meds, all of 'em. Perhaps the greatest number and widest variety of peculiar articles may be found in the materia medica of the Homeopathic school.

Instance: Living bees are put in a bottle and irritated by shaking, then five times their weight of strong alcohol poured over them, they are macerated for eight days, the clear liquid then decanted and used. The able bullfrog is fastened, alive, by means of strong pins through the web of the feet, to a piece of flat cork; the poles of a battery are then slowly moved over its back, which provokes a rapid excretion of poison from the dorsal glands; this is scraped off with a bone knife and made into triturations.

Lachesis, a venomous serpent of South America, whose poison is used by some of the Indians of that country for their poison arrows, is pressed into the service; ten drops of the fresh poison is made into trituration.

The common garden spider has its hindpart punctured, and the liquid thus obtained is made into trituration; then the whole live spider is crushed and made into tincture with five parts of alcohol.

Armadillos are dried and made into tincture.

Living starfish are cut into little pieces and made into tincture.

The dust from wings and bodies of the silk-worm moth is made into trituration.

The saliva of the toad, obtained by irritating the animal, is used in powder form with sugar of milk.

Living crabs are pounded, covered with alcohol, macerated eight days, and then the clear liquid is decanted and used.

The blackish excrescence on the inner side above the knee of the fore-legs of the horse, and below the hock of the hind-legs, which easily exfoliates, and being rubbed evolves a peculiar smell, is dried, powdered, and triturated.

The odoriferous bedbug (*Cimex lectularius*) is taken alive, pounded to fine pulp in a mortar, and made up into powders with sugar of milk.

Ladybugs, those pretty little yellow speckled bugs that children advise to "fly away home," are collected in June, pounded alive in a mortar, and tincture made of them.

The poison of various species of the viper family is made into powder with sugar of milk.

The backbone of the codfish is finely powdered and used.

Garnet, rubies, and emeralds, precious stones of great beauty, are finely ground, mixed with sugar of milk, and given as powders.

Guano is triturated with sugar of milk and given, probably as a fertilizer, or to promote the growth of the mustache.

Under the heading "Hippomanes" is the following: "The normally white, but generally dark-olive, horn-smelling, soft, viscid mucus, which swims in the allantois-liquid, particularly toward the last months of gestation of the mare, or which adheres to the allantois," this is mixed with sugar of milk and given in powder. How the stuff is obtained is not stated.

Small species of lizards are dried and powdered with sugar of milk. Many species of snails are crushed alive and tinctures made of them.

The moisture obtained from the anal glands of the polecat (*Mephitis putorius*) is made into tincture with alcohol. This is certainly a nice dose.

The common wood-louse (*Oniscus asellus*), always to be found in and about decaying wood, is taken alive, crushed in a mortar, mixed with five parts of alcohol, macerated eight days, poured off, squeezed, and filtered. It is then ready for use.

The festive head-louse (*Pediculus capitis*), much in vogue among young school children as an irritator of their bumps of knowledge, is captured alive and treated same as the wood-louse. It is, perhaps, used to promote activity of the cerebrum.

"The dark, gray powder from types, which collects in the compositors' boxes, washed with cold water, dried, and made up with sugar of milk," is used for various complaints among printers.

Living scorpions are crushed in a mortar and made into tincture.

"The brown spots of byssus, which are found on diseased potatoes," are triturated with sugar of milk.

The bristles are taken from the abdomen of a South American rabbit and worked into powder with sugar of milk. Good for colicky infants—down on the stomach. See?

Live tarantulas are pounded up with alcohol and used as tincture. The blue-bottle fly, known to the colored brother as the "blue-tailed fly," is treated the same way.

Vaccine matter is worked up with milk-sugar and given in powder. The matter of the smallpox, taken from the afflicted person, is treated in the same way.

Living wasps are put in a bottle, well shaken, irritated, covered with alcohol, and shaken twice a day for eight days; then it is ready for use.

The gall, liver, and lights of the wolf are taken fresh and worked into powder with milk-sugar.

These are only a few of the queer things that are used as medicine by the homeopaths.—*Indiana Pharmacist.*

[To these may be added chancre, gonorrhea, leucorrhea, and glanders virus.]

PROPAGATION OF DISEASE BY BOOKS.—When preventive medicine is searching out and checking all possible means by which infectious and contagious maladies are spread, the part which books may play in the propagation of disease should not be overlooked. (British Med. Jour.) There can be no doubt that the specific contagia of many zymotic disorders, and especially of scarlatina, smallpox, and typhoid fever, in the form of particles of material emanations from the bodies of patients, may attach themselves to the covers and pages of books, and so be carried from the sick to the healthy. In private families, all books

and periodicals used by a patient during his illness from a zymotic disease had best be burnt upon his convalescence. In general hospitals in which zymotic diseases are treated scrupulous care should be taken that all literature used by the patients suffering from contagious and infectious maladies shall be reserved exclusively for use in the special wards devoted to such disorders. We are afraid zymotic diseases are sometimes spread by books through the agency of lending-libraries and second-hand book-shops; and it would be well if the literature of such establishments were occasionally subjected to efficient disinfection. Persons recovering from zymotic disease should remember that it is one of their duties to take all care to avoid their infection of the healthy, and they should be taught to refrain from handing to others the books they have used during their illness.

SUCCESS IN MEDICINE.—At a time when the new student of medicine, in town and country, is entering upon the first step of his labors, and when the whole subject of our profession, its duties and its prospects, is brought forward for its annual airing upon the introductory platform, it may not be uninteresting to inquire to what end this striving crowd, practitioners and students, are pressing forward, what is the future to which they may tend, and what the means and qualifications by which their dreams of future good may perchance be realized. (Medical Times and Gazette.) I wish to succeed in my profession, each young aspirant will say, as he takes his first step into the arena where so many struggle in vain. But what does this success mean, and how may it be obtained? Its extent is, after all, except to the favored few, most moderate, and it is obtained only by a combination of physical, mental, moral, and material advantages which, it must be confessed, would produce a more enduring fame and more immediately practical results in many other more pleasant and less laborious walks of life. Few, very few, and far between are the chief prizes of our calling. So few are they as to be out of the reach of all but the most visionary expectations of the student who has chosen the medical profession as his life-work. No man, it is abundantly evident, can say to himself that, if energy, ability, industry, research, or industrious self-abnegation can achieve it, he will end his days as a rich man or at the top of his profession. And this not alone from the uncertainty of human life or health, but because the rare union of physical, mental, and moral powers to which each man who has ever so succeeded owes his success must be combined again with such a train of unhoped-for and unforeseen circumstances as to be beyond the reach of all human calculation and device.

Set this aside, then—call this attainment of high professional reputation and wealth not merely success, but success of the most exceptional order, which we can by no means take into our expectations — and what remains as an end and aim for the average good-class aspirant to look forward to? He has come into the profession, it has been said, in which there is the greatest certainty of making a competence, and the least probability of making a fortune. He can neither achieve the one, nor have the slightest prospect of the other, without a life of toil, with much of mortification and disappointment to embitter it, and a death probably in harness at its close. But why, if all this be true, as we believe, are the ranks so constantly filled from below; why is more and more capital year by year invested in the purchase or foundation of practice? It is not from the tempting prospects of exceptional return for talents and capital so invested, nor assuredly from the high social estimation in which we are held by the world around. It is, we maintain, from the fact that in our profession alone can the possession of reasonable talents and the expenditure of reasonable capital yield a life full of *interest*, *variety*, and *emulation*, with such moderate but certain pecuniary returns as may represent to the man of average ambition and contentment that *success* which has been his aim from the commencement of his career.

MUDDY MAUDSLEY.—In "Body and Will," by Henry Maudsley, M. D., the following dicta occur: Here we strike upon one of those expressions that seem to common apprehension to be a contradiction in terms, and a mode of robbing language of its definite meaning, but which the mystical sense of high philosophy perceives to be a conjunction of opposites that bespeak a deeper unity.

Reason is something which comes not miraculously into a man, but grows in him by consummate development from the not supreme.

Will is a mighty tide of becoming that is broken into so many ripples of indi-

vidual and conscience energies. The social tendency is the all-mightiness of the whole dominating the particular desires and wills of the past. The form of an organism is the result of the combining properties of the simple and complex compounds that constitute the structure in their relations with the environment.

The following profound counsel is given by Dr. Maudsley to mankind in general: Let man cease, then, to labor to know himself in himself, and let him strive diligently to know himself—as he can only, properly speaking, know himself—in nature. To say there is an absolute, and call it the unknowable, is it a whit more philosophical than it would be for a blue-bottle fly to call its extra-relational the unbuzzable?

The exercise of function being the giving out or unloosing of those combined internal and external conditions, the unfolding from within, by a self-disintegration, of the coincident conditions within and without that combined in the first instance to form the new variation, these naturally promote further material embodiments—that is to say, further increase of structure.

Spirit Poison.—The question is, how can we measure the injuries to man or woman that result from an over-use of alcoholic drinks? An eminent physician of New York answered this question in 1870. It is shown thus:

The life-insurance tables show that a temperate person's chance of living at twenty is 44.2 years; at thirty, is 36.5 years; at forty, is 28.8. An intemperate person's chance of living at twenty is 15.6; at thirty is 13.8; at forty is 11.6.

The gain of the temperate man in his living, over his intemperate brother, in the first case, is near twenty-nine years. In the second case the gain is over twenty years, and in the third case over nineteen years.

According to Carroll D. Wright, Esq., Chief of the Bureau of Statistics of Labor, it is shown that sixty per cent of all sentences for crime in Massachusetts, during the last twenty years, were for distinctively rum offenses, such as the various classes of drunkenness and liquor offenses.

The total sentences in twenty years were 578,458, and the sentences for rum causes were 340,814. The figures of the courts show but a small proportion of the evils and the poverty that result from an over-use of intoxicating drinks.—*Quarterly Journal of Inebriety.*

"THE FAIRY TALES OF SCIENCE."

(*Inscribed by Punch to the "Red Lions" of the British Association.*)

Strange are the tales of the golden ages,
All the wondrous lays of fairy lore,
Shrined in legends on the well-thumbed pages,
Dear to childhood's heart for evermore.
Though the elves have left the leaves and roses,
Fled perchance to unknown lands afar,
Still more strange each tale the Century knows is—
Records of the land and sea and star.

Puck could girdle earth in forty minutes—
So said Shakespeare's elf with boastful mind:
Electricity can start and win its
Wondrous race, and leave the fay behind.
Send a maiden telephonic greeting
Where the Mississippi's waves are curl'd,
You shall hear how true her heart is beating
Under all the seas of half the world.

Yonder child with Fever's hand is stricken,
Science comes to ease the laboring breath,
Shows how germs are born and how they quicken;
Air and water may be charged with death.
See the microscope new scenes preparing,
In the Wonderland its bright lens gives,
And the physiologist declaring,
That great paradox, "Life dies, death lives."

How mankind, in ages prehistoric,
Lived on lake, in cave, or by the sea,
Science tells, and how, with meteoric
Speed, his flinty arrowheads would flee.
Mastodons would walk the woods primeval,
Pterodactyls mighty wings would rise,
When the ichthyosaurus lived coëval
With the mammoth monsters of old days.

See the pale astronomer unsleeping,
Galileo's spirit in his soul,
Watches, as some comet's train comes sweeping
Where the immemorial planets roll.
Star on star shines on beyond all naming,
Haply Principalities and Pow'rs;
All the mighty Universe proclaiming—
There are certes other worlds than ours.

List, then, to the Fairy Tales of Science,
Solemn and stupendous and sublime;
Nature's voice speaks out in proud defiance
To the puny skeptics of our time.
Age to age speaks on; each generation
Finds new wonders coming at its call,
While wise men, be sure, of every nation,
Recognize the First Great Cause of all!

Wood Paving.—After giving macadam and asphalt a fair trial to replace the stones in the streets of Paris, wooden pavements to a very limited extent were resorted to some few years ago by way of experiment, but they turned out a failure. An English company, however, came over to show the Parisians how the thing is to be done. About a third of the Champs Elysées was, last autumn, paved with wood by the English company, and the result has been so encouraging that the Municipal Council of Paris has resolved to give the English system a

more extensive trial. The French, who are quick to copy, are hard at work paving some of the principal streets, such as the Rue de Rivoli, the Boulevards, Faubourg St. Germain, and the remaining portions of the Champs Elysées, and it is pleasant to see French and English workmen employed so harmoniously together.

DINNERS. — Diners-out in Paris have often complained that their pleasure is not unalloyed. Few people, when they take it into their heads to give a dinner, conscientiously consider the experiment they are making on their fellow-creatures. An entertainer's principal preoccupation is to display his plate, his furniture, and his wife's fine dresses.

A dinner out is apt to be a failure when its object is not clearly defined. If it is an act of politeness, it misses its mark when the dinner is not good. If it is a party of *gourmandise* and epicurean rendezvous, it then becomes a serious affair, from which ladies are usually excluded, because ladies keep people waiting, never arriving in time. And then they wear dresses expressly made to creep between the legs of their neighbors' chairs. And then they do n't eat; they have dined at luncheon; so that the men sitting next them are ashamed to eat.—*Caterer.*

HARD LABOR AND INSANITY.—The *ennui* of idleness and the exhaustion of reckless industry may alike disturb mental equilibrium; and it is only in moderate exercise and the preservation of a just balance between waste and supply, activity and repose, that safety lies. When insanity has been brought on by hard labor, rest is, of course, more important than employment as an element of treatment. But rest is not lethargy; and the real difficulty is so to adjust and vary the occupation of the insane that it shall interest but not fatigue, and insure sufficient exercise without inducing either exhaustion or a sense of oppression. *British Medical Journal.*

DEATH FROM THE SELF-ADMINISTRATION OF CHLOROFORM.—Another death has again shown the fatal danger which attends the self-administration of chloroform. Last week an inquest was held respecting the death of Walter Woodcock Wilmot, a medical student, aged eighteen years, who was found dead in bed in his father's house, with a bottle containing chloroform in his right hand. Evidence showed that death was due to the inhalation of chloroform, and that the deceased had long been in the habit of employing the anesthetic for the purpose of inducing sleep.—*British Medical Journal.*

LORD LYNDHURST, when somebody asked him which was the best way to succeed in life, replied, "Give good wine." A French statesman would have answered, "Give good dinners," which implies good wine and something besides, and would have carried out the advice into practice himself. Talleyrand kept the most renowned table of his day, but quite as much for hygienic as for political reasons, in the belief that well-considered and carefully-executed cookery strengthened the health and prevented illness.—*Caterer.*

POSTHUMOUS PRESCRIBING.—A French medical journal has been amusing itself by prescribing for the ailments of illustrious people who have been long dead, but who, according to this authority, ought not to have died as early as they did. (Medical Times and Gazette.) It seems that Molière could have been saved by a few grains of cafeine; Racine's neuroses would have yielded to bromide of potassium; while any modern doctor could have cured Napoleon of his biliousness, and altered the course of history by making the Great Emperor live to a green old age.

COOKING. — Nester Roqueplan asserts: The painter who makes up his palette badly, filling it with inharmonious shades of color, and then produces a frightful picture, does harm to nobody but himself. A cook, who has done his marketing, prepared his gravies, measured his ingredients, and then has neither a happy inspiration nor a certainty of touch, compromises the stomachs of whole families when he spoils his dinner.—*Caterer.*

WHEAT CHARCOAL.—Plump wheat, carefully burnt to charcoal and powdered, affords an article, it is said, far superior to any other form of charcoal in the chronic diarrhea of infants and adults, in pyrosis and cardialgia of adults, in chronic gastritis, and in all ways that charcoal is useful. We know of nothing so good as wheat charcoal finely powdered, and given in doses of five or ten grains with or without bismuth subnitrate. Wheat charcoal for diarrheal infants is worth looking after.—*Ex.*

The Louisville Medical News.

Vol. XVI. SATURDAY, NOV. 3, 1883. No. 18.

LUNSFORD P. YANDELL, M.D., - - }Editors.
H. A. COTTELL, M.D., - - - - - - - }

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

LYMPHO-SARCOMA CURED BY POULTICE.

Prof. Busch, of Bonn, in a recent lecture (an abstract of which appears in the Medical Record), calls attention to the remarkable efficacy of Kern's cataplasm in the treatment of lympho-sarcoma.

The poultice is composed of one part of mustard flour to five parts of black soap. It is inclosed in a gauze bag, and applied daily over the tumor for four or five hours or longer. The effect of the application is a very intense irritation, followed by an inflammation of the tissues resembling erysipelas. The tumors, if fresh, under the action of the poultice soon soften and disappear.

A case illustrative of the wonderful power of this application is detailed at some length by the lecturer. The patient was the subject of an immovable tumor of rapid growth, extending from the middle line of the neck to the vertebral column, and from the inferior maxilla to the inner half of the clavicle. The larynx was pushed to one side and the sternal extremity only of the sterno-cleido mastoid was visible. The pulsations of the carotid could not be perceived, as the vessel was completely surrounded by the tumor, and the characteristic occipital pains, due to stretching of the posterior auricular and occipital nerves, were very intense.

A most unfavorable prognosis was made in this case by the professor, who, after seeing, it went on a vacation trip, leaving the patient in the hands of another physician.

The poultice was applied in this case, being allowed to remain on the tumor for twelve hours each day instead of five. On its removal the inflamed surface was covered with vaseline and cotton, and morphine was given for the relief of the pain. A daily application of the poultice for four consecutive weeks, with iodide of potassium internally, resulted in the complete disappearance of the growth.

In commenting on this extraordinary event, Prof. Busch states that he had noted, when a young man, the value of Kern's poultice in the treatment of obstinate buboes, which he had often seen melt away under its action. He is inclined to attribute the efficacy of the application to the intense erysipelatoid irritation produced by it; but Prof. Binz believes that the oil of mustard is an important factor in the problem, since it probably penetrates the skin and exerts some direct action upon the diseased glands. These results are certainly very remarkable, and will doubtless re-open the discussion of the supposed obsolete doctrine of the discutient action of certain drugs when applied to malignant neoplasms.

Under this head our works on materia medica still mention certain medicines, but always with remarks calculated to disabuse the reader's mind of the idea that they have any true resolvent effect upon malignant growths.

If the diagnosis in the above case be correct, a simple hyperplasia not having been mistaken for a malignant growth, some of these paragraphs will have to be re-written.

But in any case Prof. Binz has done good service to practical medicine in this report, since he points out an easy and harmless way of dissipating certain tumors, which by their deep-seated position and vital relations are rendered inaccessible to the knife, and so far have resisted all other means devised for their destruction or removal.

INOCULABLE CANCER.

Dr. T. Gaillard Thomas, the distinguished gynecologist, is reported to have recently stated in a clinical lecture that cancer of the penis may be contracted through sexual intercourse with women who are at the time suffering with maglignant disease of the uterus, and that husbands of women so afflicted should be always warned against intercourse with their wives.

In a letter to the Medical Review, Dr. Thomas admits that if in the heat of a clinical lecture he stated the matter so strongly, he now desires to modify the assertion, since he is not prepared to sustain it by an array of cases in point. He has met with but one case in his practice, which he thought had this origin, and while this may be only a coincidence, he always advises husbands as above reported, because, upon *a priori* reasoning, there should be danger of infection to the man under the conditions mentioned, especially if he had an abrasion near the frenum.

Dr. Thomas's counsel is certainly wise and wholesome, but the theory of cancer infection is scarcely in keeping with the pathological teaching and clinical experience of the day.

A BACKSLIDER.

We are in receipt of several medical journals and a circular letter calling attention to the sad fact that Dr. H. H. Kane, of New York, a sensational writer and profuse advertiser upon the subject of the opium habit, has rolled off the highway of regular medicine into the filthy slough of quackery.

Several of our esteemed contemporaries, who were persuaded into an acceptance of his tempting advertisement, are now adding to the grace of the king's English by smoothly worded apologies to their readers for having thus besmirched their advertising columns.

We are glad to say that, when the doctor offered us his advertisement some months since, we smelt the unsanitary savor of his linen, and promptly declined his proposition.

Bibliography.

INSANITY CONSIDERED IN ITS MEDICO-LEGAL RELATIONS. By F. R. Buckham, A.M., M.D. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton Street, Strand. 1883.

WHAT TO DO FIRST IN ACCIDENTS AND EMERGENCIES. A manual explaining the treatment of surgical and other injuries, in the absence of the physician. By Chas. W. Dulles, M.D., Fellow of the College of Physicians of Philadelphia, Surgeon to the outdoor department of the Presbyterian Hospital, etc. Philadelphia: P. Blakiston, Son & Co. 1883.

THE COLLECTIVE INVESTIGATION OF DIPHTHERIA, as conducted by the Therapeutic Gazette, Detroit, Mich., with editorial summary. By J. J. Mulheron, M.D. Detroit, Mich.: George S. Davis, Medical Publisher. 1883.

THE TREATMENT OF WOUNDS AS BASED ON EVOLUTIONARY LAWS. By C. Pitfield Mitchell, member of the Royal College of Surgeons, etc. New York: J. H. Vail & Co. 1883. Price, 50 cents.

HEALTH NOTES FOR STUDENTS. By Burt G. Wilder, M.D., Professor of Physiology, etc., in Cornell University and the Medical School of Maine. New York: G. P. Putnam's Sons. 1883.

SALARY LIST AND THE CIVIL-SERVICE LAW RULES AND REGULATIONS, with specimen examination questions in the Custom House, Post-office, and Classified Departmental service Prepared under the direction of Henry F. Copp, Attorney and Counsellor at Law. Washington, D. C.: Henry F. Copp. 1883.

QUARTERLY REPORT OF MEDICAL OFFICERS, UNITED STATES ARMY, with their stations and duties, as reported to the Surgeon-General, October 1, 1883, or at date of the last report received at this office. Washington: Surgeon-General's Office.

DELAYED AND NON-UNION OF FRACTURES. By N. Senn, M. D., Milwaukee, Wisconsin. Reprint. Chicago: J. H. Chambers & Co. 1883.

TRANSACTIONS OF THE COLORADO STATE MEDICAL SOCIETY, at its Thirteenth Annual Convention, held in Denver, June, 1883. Denver, Col.: Merchant Publishing Company. 1883.

Correspondence.

NEW YORK LETTER.

ACADEMY OF MEDICINE AND THE CODE.

Editors Louisville Medical News:

As medical ethics and medical politics are the all-absorbing topics of conversation in this city among medical men, and about the only theme for deliberation in their society gatherings, I take it that a short account of the recent controversy in the Academy of Medicine, its causes and results, may interest your readers.

At the meeting of the Academy on the 19th of last April, Dr. Austin Flint, jr., offered resolutions instructing the Committee on Admissions, to report for election as Fellows only those physicians who were known not to be in opposition to the code of the Academy, and that these instructions continue in force until the Academy should repeal or modify its by-laws regulating medical ethics.

These resolutions were seconded and carried amid confusion, the new-code advocates claiming that the meeting had been packed, and that this action did not represent the will of the majority of the members.

As this was the last regular meeting for the summer, the old-code men were thus put in possession of the Academy until the fall meeting, which was held on October 4th. At this time Dr. Fordyce Barker offered a series of amendments to the constitution and by-laws, which, if adopted, would have banished from the Academy the discussion of ethics. These amendments were put in the form of a motion by Dr. E. L. Keyes, which was seconded by Dr. A. L. Loomis. In seconding the motion, this gentleman said that, by adopting these resolutions, the Academy would avert the greatest danger that had ever threatened it, and that, if it would maintain its prestige, all matters of ethics must be kept out of it.

On motion of Dr. C. C. Lee, the Academy went into a committee of the whole for the purpose of discussing the proposed amendments, with Dr. Ellsworth Elliott in the chair. The amendments were discussed, and their adoption at its meeting, October 8th, recommended to the Academy.

At this meeting Dr. Austin Flint, jr., moved that the report of the committee of the whole be laid on the table. This was put, and lost by a vote of one hundred and three to one hundred and fifteen.

Dr. Loomis then moved that the Academy proceed to ballot on the adoption of the proposed resolutions. The vote was taken, and stood at one hundred and twenty-one in favor to ninety-two against the adoption of the amendments, which was declared lost, a three-fourths majority being necessary to any change in the constitution and by-laws.

The President, Dr. Barker, said that it was with much pain and many regrets that he announced a failure to procure the necessary majority. He bowed to the decision as it stood, having failed to convince a sufficient number of the Fellows that the adoption of the amendments was of great importance to the future good of the Academy.

Having failed in the adoption of these resolutions, the new-code men, through Dr. Loomis, then moved that the resolutions offered by Dr. Austin Flint, jr., on 19th of last April be rescinded. This was carried after considerable discussion. This leaves the Academy now in the same position concerning ethics that it occupied last spring, before Dr. Flint, jr., offered his celebrated resolutions.

This is regarded as an important victory for the new-code men; but it is evident to those who note the signs of the times that the influence of the Academy is rapidly waning under the political maneuvering of the ethical wireworkers, in secret, and the angry discussions of the topic in open session. The Academy has ever been an object of pride with the profession of New York, and an organization of the first rank among the medical bodies of the land, but it is certain that if the better judgment of those who moved for the abolition of ethical questions from its deliberations be not approved, its days of usefulness are numbered.

NEW YORK, October 25, 1883.

BERLIN LETTER.*

Editors Louisville Medical News:

On Thursday last (the 20th) I was invited by Professor Schröder to meet him at 8.30 A. M. sharp, to see his Lying-in Hospital and Gynecological Institute. Arriving punctually I had not long to wait for him—all the professors appear with military promptness, notwithstanding all of them enjoy a very large private practice and live in the

*By an oversight this letter was left out in the making up of our last week's issue. It should have preceded Dr. Quast's London letter.

suburbs. This institute is new, only opened a year ago, belongs to the State, and is under Schröder's management; four or five assistant physicians live in the hospital. It is three story, of brick, with very high ceilings, and all the latest improvements known. It has the best ventilation from the abundance of high windows. The antiseptic method is the treatment throughout for all patients. The rules are very strict, and I copy here a few of them:

Every practitioner, who undertakes a delivery, has to be free of infectious material, so the woman by him attended will not be taken with puerperal fever.

To prevent infection he has to avoid any examination if he has touched any infectious matter in the last forty-eight hours.

If this is not the case, he has to clean his hands and forearm carefully and to disinfect in a solution of carbolic acid or corrosive sublimate before he undertakes the examination.

After the examination he has to report this to the midwife or female student, so she can cleanse the vagina by an injection.

The first floor is divided into a good many rooms for pregnant women, who come here for delivery. Each room contains six bedsteads, over each is a black-board with name and date of expected delivery, which takes place in a special spacious room. After delivery she is rolled in another room which is thoroughly disinfected, and if she shows the least sign of puerpural fever rolled to the elevator and sent into the upper story. Joining every room is a room for a midwife or female student, in whose special care these patients are placed. Every medical student has to visit this hospital in the last year of his study, and *has to be resident practitioner* for six months, in which time he studies practical obstetrics under the observation of the professor. Would it not be a great improvement if our medical students in America, could have similar practical lessons in obstetrics?

In the second story he has his gynecological patients; small rooms with two or three beds for patients he has operated on and larger rooms for patients who receive preparatory treatment for an operation. One large operating-room with an amphitheater is here for ordinary operations in the presence of a class, and another one for capital operations, such as ovariotomy laparotomy, etc. This room is well ventilated and every thing is antiseptic again—no instruments used without being dipped into the antiseptic fluid, no sponges used but salicylated cotton, and every physician who wants to witness an operation must have taken a bath the night before the operation and appear in a suit he does not wear every day (his Sunday clothes). I saw three patients he had performed ovariotomy on the day before; they seemed to get along very well, and the attending physician had to take the temperature every half hour and keep a scale for examination.

In the afternoon I visited the Augusta Hospital, which has had a great reputation since Küster became director. Though not quite as convenient as Schröder's, it still deserves to be called one of the best hospitals in Berlin. Situated in the northern part of the city it is surrounded by a very pretty garden and divided in several aisles for (1) children, (2) men, and (3) women. Besides it has tents for typhoid fever, barracks and a special house for diphtheritis. Here also is the antiseptic method the treatment. Küster was the first one in Berlin who accepted and proved to his opponents its superiority by his great success in ovariotomy and the disappearance of septic fevers in his hospital, for there was a time when this was feared in Berlin and the mortality was very great. Bethoniea, one of the oldest and best-known hospitals, became such a source of annoyance by septic fevers, erysipelas, and hospital gangrene, some years ago, that it had to be torn down and rebuilt. Lister's carbolic-spray method has been exchanged by Schede's (of Hamburg) corrosive-sublimate solution as substitute. It certainly has not the disagreeable smell of carbol and seems to be crowned with the same favorable result.

All cotton, all bandages, all instruments are disinfected. In the treatment of all wounds, cleanliness is in the first place secured, a solution of sublimate or iodoform used if necessary, and a permanent dressing by a starch bandage, renewed every day, or two or three days, as the case requires is applied. Protection against air seems to be the first prerequisite.

E. VON QUAST, M. D.

BERLIN, September 23, 1883.

KILLED BY HORNETS.—Whilst out with a friend tiger-shooting in the neighboring jungle of Pachmarree, India, Dr. Jackson was attacked by hornets, whose stings were so virulent as to induce erysipelas, which proved fatal in the course of two days.

Selections.

INTRA-PERITONEAL INJECTIONS IN CHOLERA.—Mr. Cameron Macdowall, L.R.C.P., Brigade-Surgeon, I.M.D., Principal Medical Officer, Quetta, Afghan frontier, writes, in the Lancet:

Hypodermic injections of drugs, though the best way of administering them in cholera, not having proved a cure for the grave Asiatic forms of that disease, it is evidently our duty to look for some other weapon to combat the malady when these fail. They have been largely tried. I believe I was the first one to do so in Poona, Bombay Presidency, in 1863–66 (*vide* Deputy Inspector-General Murray's Résumé of the Treatment of Cholera from all sources, published by the Bengal Government). I tried, of course, morphia, atropia, Condy's fluid, solution of bichloride of mercury, chloral, and subsequently ammonia, bromides, etc., with (as shown in a letter published by you on October 16, 1880) very varying success. In that letter I mentioned that I injected large quantities of warm water subcutaneously into the cellular tissue of the arms and legs in order to procure slow absorption of fluid, since rapid absorption by intra-venous injection of fluids had failed ever since the days of Hamilton in Edinburgh, when it was exhaustively tried both with plain water and saline mixtures. The plan of injecting fluid into the cellular tissues, and thereby inducing an artificial dropsy, was no invention of mine, but of a Bengal surgeon, whose name I unfortunately can not recall, and who based his theory of success upon the fact of dropsical patients having been said to recover both from dropsy and cholera when attacked by the latter disease. Mine was the first case in which the plan was tried, I believe; and although the patient had long been a sufferer from dyspnea, chronic bronchitis, and embarrassed heart, we believed that the almost miraculous resurrection which took place would be permanent.

He died, however, on the second day, like the cases so graphically described in Edinburgh by Begbie. This case was, moreover, a most unfavorable one. The man had the "asthmatic voice" for years, and was always slightly cyanotic. Whether the injection and slow absorption of fluid into the treacle-like cholera blood (which itself is incompatible with life) will, by giving time for the cholera poison to be eliminated, ever prove a cure in contradistinction to the failure of rapid intravenous injection and absorption of fluid, is a matter yet to be decided. But I regret that a perhaps natural timidity made me refrain (this was the sixth epidemic I had witnessed, namely, in 1876) from employing what now appears to me to be likely to prove a much more effective weapon, that is, injection of warm water, milk, etc., or nutritive or medicated solutions, into the peritoneum.

Bizzozero and Golgi declare that the injection of defibrinated blood even is in general devoid of danger. Prof. Mosler had a fatal case on repeating the injection after twelve days, but attributes it to the too early repetition of the operation. Dr. Kaczorowski, of Posen, has had four absolute cures from debility and anemia by injecting about four hundred grams of defibrinated blood (repeated in one case). All appear to have been absolutely confined to bed before the operation restored them to perfect health. Dubar and Remy have shown that albumen in solution is absorbed by the peritoneum, and that it is well borne and inoffensive. It is evident that the operation, especially with simple water which has been well boiled and allowed to cool to a comfortable temperature, is quite feasible, and holds out some prospect of success.

In the case where I injected the cellular tissue of the four limbs, I simply used the medium sized needle of a Dieulafoy's aspirator, previously attached by a piece of India-rubber tubing to a large hospital pewter enema-syringe. For the peritoneum it would probably be advisable to divide the integuments with a lancet on the linea alba, and to take out the piston before thrusting in the hollow needle, so that the flow of water through it, the full syringe being held at a higher level, would to some extent push aside the intestines and prevent injury to them.

Surely if this operation has been judged advisable in chronic cases of debility, a malady like cholera, in which no time is to be lost, and when, quite apart from true cholera poison, the want of fluid in the blood stops the circulation, secretion, etc., and can kill *per se*, surely in this malady such a procedure is eminently called for, even if only after subcutaneous injection of large quantities of water into the cellular tissue of the four limbs. It infallibly brings the patient out of the collapse, and, acting gradually, may keep it away till the poison be eliminated or exhausted.

CHOREA AND RHEUMATISM.—The relation between chorea and rheumatism, or the dependence of the former upon the latter, is a question which has been much debated of late years in our own country—more so, we fancy, than on the Continent; and the fact that it forms a part of one of the subjects selected by the Collective Investigation Committee shows that the problem has not yet received a satisfactory solution. (Medical Times and Gazette.) It is not, perhaps, one of the questions best adapted for collective investigation, for the simple reason that so much depends upon the interpretation which the observer puts upon the history given him by the patient or his friends what one man would record as "some history of vague pains," another would call "subacute rheumatism." But this objection, of course, would apply to all collective investigation. From the accumulation of a large number of statistics, we may certainly hope for some decided results. In his introductory remarks on rheumatism and its allies, at the last meeting of the British Medical Association, Dr. Barlow has given a succinct and impartial statement of what may be taken to be the views that are most in favor at the present time. The embolic theory, very seductive at the first glance, has failed to fulfill the expectations that were formed of it. Were it the universal cause, we should expect that heart-disease would always precede chorea, and that not infrequently some of the larger vessels would become blocked, and permanent damage result; neither of which conditions is met with.

In many cases no history of rheumatic attack can be obtained, but we are not justified in assuming that rheumatism is thereby excluded. We must wait for events. This was well exemplified in a case that recently came under our observation. A little girl who had twice had chorea, and each time without any (other) rheumatic manifestation, came again in a third attack, and still presented no proof of rheumatism, but she brought with her a younger sister, also suffering from chorea, with decided evidence of mitral disease, and a clear history of an attack of subacute rheumatism shortly before the onset of the chorea. If the patient has signs of heart-disease, it is almost needless to search further for evidence of rheumatism. Those who have had much experience of children are aware that endocarditis may, and often does, commence when the joint affection is so slight as to be hardly worth taking any notice of. The subcutaneous nodules that Drs. Barlow and Warner described, in the "Transactions of the International Medical Congress," are now generally admitted to be of rheumatic origin, but, as they are rarely present without organic disease of the heart, they can not often have much diagnostic value. The erythema marginatum which is sometimes present might be accepted as evidence of rheumatism, but it is often transitory, and probably frequently escapes the notice of the patient or his friends. Some few years since Dr. Dickinson discussed at some length the rheumatic origin of chorea and its dependence or not upon endocarditis, and he arrived at the conclusion that chorea caused the endocarditis, relying partly on the absence of rheumatic antecedents, and partly on the fact that endocarditis often succeeds chorea. These are not very powerful arguments when the latent character of rheumatism, to which allusion has been made, is taken into consideration. On the whole, Dr. Barlow's conclusion, that "chorea occurs so frequently in connection with rheumatic symptoms, both in combination and alternation, that we are justified in provisionally regarding it itself as often a rheumatic symptom," is warranted by the evidence he brings forward; but, granting that it may be entirely proved, the whole problem of chorea is by no means yet solved.

TREATMENT OF MEASLES.—By D. Maclean, M. D., Glasgow, physician to the Glasgow Public Dispensary Chest and Throat Clinic, in the Lancet.

As this disease is considered one of the zymotic class, we have in its treatment to consider principally two things: (1) The management of the ferment, or whatever it is, and (2) the management of the effects of this ferment upon the system. The most marked of these latter present themselves to us in the effects of the ailments upon the mucous membranes. The greatest action of the disease, as we all know, is upon the mucous membrane of the lungs, and it is from its action there we have the immediate cause of the ensuing death, or the prolonged ill-health afterward. We have thus clearly set before us the line of action to follow: (1) To relieve the congestion of the mucous membrane, which is the immediate cause of danger, and (2) to destroy or reduce the violence of the disease itself. This I have been in the habit of doing, I believe successfully, by giving (say

to a child of two or three years of age) a teaspoonful in water of the following mixture every three hours: Ipecacuanha wine, half a dram; syrup of squills, half an ounce; quinine, two grains; acetate-of-ammonia solution to two ounces. Of course the quinine is increased according to age. We have thus in this mixture a stimulating expectorant and diaphoretic to relieve the tension in the mucous membranes and the skin, and also in the quinine a specific to destroy or abate the violence of the primary ferment. It may be necessary to add to or modify the form in which this plan of treatment is carried out; as when the irritation and cough are persistently great, then the addition of a little tincture of hyoscyamus is all that is necessary. So with the quinine; sometimes the stomach is so irritable that it is necessary to omit it from the mixture; but as it is essential that it be introduced into the system for the destruction of the ferment, it can be administered separately by giving it in powder, mixed with saccharated carbonate of iron, which diminishes the irritant action of the quinine that takes place when the drug is given alone.

This treatment for measles is good in all types of the disease, whether the attack be mild or severe, and more especially valuable when we have that dangerous form in which the eruption is of a deep purplish form, a form which is generally recognized as being the most fatal. This treatment I have followed for a number of years. I have seen many cases; and, as a justification for submitting it to the notice of the profession, I do not remember having signed a certificate of death for either the disease itself or its effects.

CASE OF RUPTURED SPLEEN; DEATH ON THE SEVENTH DAY; NECROPSY.—Mr. Vincent Jackson (London Lancet) reports the following interesting case:

Two days previous to admission, J. H., aged forty, was at his work unloading a barge, when the mast fell and struck him on the left side. On admission, July 25, 1883, the patient looked pale, had a very feeble pulse, and complained of pain in the left hypochrondium on deep inspirations. There was slight bruising over the ninth and tenth ribs, but no fracture, tenderness, or distension of abdomen. The patient was kept in bed, on milk diet, and ordered four ounces of brandy daily. Evening temperature, 99.8°. 26th: The general condition had improved, pain in side was less, and the feeling of faintness had passed away. Temperature 97.8°. 28th: Early this morning, on sitting up in bed, the patient became extremely faint, and remained so the greater part of the day, but improved toward evening. Complained of pain at the seat of injury. There was slight abdominal tenderness. 29th: The patient had another attack of syncope. Abdomen very painful and distended; some dullness on percussion in the flanks. Ordered one grain of opium pill every four hours; glycerine and belladonna to abdomen. 30th: Patient lies on his back, with knees drawn up; skin cold and clammy; features pinched and pallid; pulse scarcely perceptible; respiration rapid and entirely thoracic; temperature 98°. Patient died about 1.30 P.M.

Necropsy, twenty-six hours after death. Rigor mortis well marked; body well nourished; slight ecchymosis over the left hypochondriac and lumbar regions; abdomen much distended, tympanitic round umbilicus and dull in flanks. On opening the abdomen several pints of dark blood fluid escaped, and large blood clots were observed. Surrounding the anterior edge of the liver, on further examination, large clots were found enveloping chiefly the liver and spleen. On removing the viscera, all were found to be extremely anemic, but otherwise healthy. The spleen was of normal size and consistence; on its convex surface appeared four or five transverse ruptures, varying in length from one inch and a half to four inches; depending from these were several large clots. At the upper extremity of the organ a large clot was found between it and its capsule. No evidence of peritonitis. Thorax, pericardium, and heart healthy. Extensive pleuritic adhesions were found on the right side; the left pleuritic cavity contained several ounces (fifteen to twenty) of serous fluid. On removing the lungs both lower lobes were found to be collapsed and airless (sank in water). Brain not examined.

RATTLE-SNAKE POISONING TREATED BY POTASSIUM PERMANGANATE.—Emil Bories, a student of medicine in Bellevue, reports the following in the Polyclinic: In the early part of May, 1883, the weather being very warm, a man, aged about thirty-five, was bitten in the calf of the right leg by a rattle-snake. He was stepping close to some loose rocks, and heard the peculiar warning rattle of the snake, but before he could recover himself, was struck. He was taken to his hut by his companion, who first

killed the reptile and secured its rattles, which numbered seven, with the button. By the time I reached the patient, four hours had elapsed. I found him very pale, cold sweat covering his face and extremities, pulse slow and irregular. He complained that his sight was failing, and was in great pain. He had vomited several times. I examined the wound and found the leg badly swollen, presenting a very glossy surface of an erysipelatous nature, quite tender to the touch. The point of entrance of the fang was quite pale, while the surrounding surface was of a light red hue. I asked for stimulants, but none could be had. I had read that potassium permanganate had been used with happy results in cobra poisoning; I thought it would be well to try it here. I immediately injected about one fourth of a grain into the wound and the same quantity into the arm, for fear that the solution injected into the wound would not be taken up into the circulation. I also gave him two grains by the mouth. Before leaving him I arranged matters so that he could receive two grains by the mouth and one fourth of a grain injected every hour, alternately, but I had little hope for success. I was, indeed, much surprised, on visiting him, next morning, to find him looking well, his pulse full and regular, his eyesight good, his appetite fair, and the swelling diminished nearly one half. However, I made a poultice of meal, mixed with a small amount of aqua ammoniæ, and told him to take half a dram of aromatic spirit of ammonia every three hours, continuing the use of the potassium permanganate by the mouth, but discontinuing the injection. On the following day he was much better. I then discontinued all but the permanganate, which was to be taken every three hours, keeping the wound moist with about ten-per-cent solution of ammonia water. The fourth day he was out and at work of a light nature.

QUINIDINE AND ITS ALLIES.—Researches into the action of the secondary alkaloids of opium resulted in the valuable addition of codeia to the Pharmacopeia. (British Medical Journal.) The investigations of M. Laborde give reasons to hope that benefit may arise to medicine from the further study of the alkaloids other than quinine, which are found in cinchona bark. That observer has lately given much attention to the study of the physiological action of quinidine. This principle he finds to agree with cinchonine and cinchonidine in producing convulsive movements of the body, while quinine appears to be incapable of doing so. A guinea-pig, beneath whose skin some sulphate of quinidine was injected, quickly passed into a stupid semi-conscious state, and was seized with opisthotonic convulsions. Tonic and clonic muscular contractions succeeded one another; death by asphyxia ensued three quarters of an hour after the injection. Cinchonine and cinchonidine possess the convulsive property in a more marked degree than quinidine. This drug, therefore, holds a middle position between the alkaloids just mentioned on the one hand, and quinine on the other; but its affinities are stronger on the side of the former group. An impure specimen of sulphate of quinine, experimented with in like manner, gave the convulsive reaction; thus proving the presence of the other alkaloids, and illustrating a remark of M Laborde, that one advantage gained by his experiments is the establishment of a physiological test of the purity of these substances.

ESTRUS IN MAN.—We referred last March to a case where masses composed of the larvæ of a species of fly (*Anthomyia cuniculina*) were passed from the rectum. (British Medical Journal.) Dr. Voelkel, of Berleburg, has described, in the *Berliner Klinische Wochenschrift*, a genuine instance of the presence of the larval gadfly in man. A lad, aged thirteen, came under his care last February. The patient's skin was healthy, except at certain points, where numerous small red spots were present. These spots were elevated, and tender on pressure. From three of these, grubs were extracted, which Professors Leuckart and Braner found to be the larve of *Estrus*. The fly must have deposited its ova during the course of the preceding summer. Cuvier and Latreille refer to Humboldt's observations concerning a tubercular eruption which is frequently seen on the abdomen of South American Indians. But, though the explorer and the two scientists all agree that presumptive evidence strongly favors the supposition that the eruption was due to an *Estrus*, no larvæ appear to have actually been removed from the natives affected in this manner. Since the days of Humboldt, however, the parasitic nature of this affection has been authenticated by Howship and others. Tilbury Fox refers, in his well-known text-book, to cases where the larvæ of *Estrus bovis* have been found in the human

subject in Scotland and the Shetland Isles. In the human subject, the larvæ appear to settle in the spot which they hatch out, and to emerge from it only on leaving the pupal state.

THE HOT SPRINGS OF ARKANSAS.—So far as we can learn of the actual facts regarding Hot Springs therapeutics, it is the most empirical of all health-resorts, the New York Medical Record very truly says. Very little careful study of their action has been made. At the same time it is a place which is very widely known and very frequently used.

Hot Springs is a city of five thousand inhabitants, of which nine tenths is a floating sick population. It lies in a valley between two mountains, along the sides of which are now seventy-one springs.

The sick population is a heterogeneous one. The patients come from all parts of the country. "Those that predominate," says Dr. J. C. McMeehan, in an article upon the Hot Springs, published in the Cincinnati Lancet and Clinic, "are those affected with syphilis, rheumatism, and nervous diseases. All kinds, however, are met with. Women, broken down in health from fashionable dissipation, late hours, balls, champagne, and from the effects of sacrificing at the altar of Venus, come here for quietude, rest, pure air, and the benefits derived from bathing. Men, broken down from the excessive use of alcoholic drinks and the morphine habit, find relief at this place, and under the pleasing and stimulating effect of the waters are able to give up the habits of drinking and opium-eating."

An atmosphere of charlatanry seems to hang about the place. This is shown first in the current belief that the waters have great electrical properties. Many of the springs are named after some supposed predominant constituent in them. Thus, there is an *Arsenic Spring*, which for several years was peculiarly useful in the treatment of skin diseases, until it was found that it contained *no arsenic*. Another spring, called Alkaline Spring, is thought of especial value for alopecia, and bald-headed people soak their bare pates for hours in its delusive waters. Another spring is particularly adapted to corns and bunions, while various others have special reputations for the cure of disease. No attempt seems to be made to classify the springs therapeutically upon any other than an imaginative basis.

The water varies in temperature from 93° to 157° F., and the various springs discharge a total of over half a million gallons of water daily.

That this water contains any specially valuable medicinal properties, apart from its heat, seems at present to be improbable. An analysis made by Professor D. D. Owen, as quoted by Dr. McMeehan, gave the following:

	Gram.
Organic matter combined with some moisture,	1.16
Silica with some sulphate of lime, not dissolved by water,	1.40
Bicarbonate of lime,	2.40
Bicarbonate of magnesia,	0.50
Chloride of potassium,	0.04
Chloride of sodium,	0.218
Oxide of iron and a little alumina,	0.133
Sulphate of lime, dissolved by water,	0.320
Loss. Iodine. Bromine,	0.053
Total,	6.222

This analysis does not include any of the gaseous or volatile constituents which it is claimed are present; neither does it include the electricity, an agent whose presence always appeals helpfully to the lay mind.

Dr. McMeehan believes, as the result of his experiments, that there is a compound of silicon present. He also asserts that the galvanometer indicates the presence of more electricity than is usually to be found in hot water, and the same observer claims some peculiar physical properties for the water. *The experiments are not recorded with sufficient carefulness and detail, however, to warrant any inference from them.*

There is no doubt whatever that many persons are benefited by a residence at Hot Springs. They seem to be particularly attractive to the venereal. The change in mode of life, the removal from annoying cares to a healthy, well-regulated resort, the powerful stimulating, diaphoretic and diuretic action of the waters are all potent factors. No doubt the high reputation which the springs have got and the impalpable electrical agencies supposed to exist in the waters also act effectively upon the patient's imagination.

A NEW INSECTICIDE.—The aqueous or acetic-acid infusion of the flowers of *Delphinium ajacis* is used as an insecticide. In consideration of its extreme cheapness and by its lack of odor it is distinguished from other known agents. According to Benvenuti the action of *Delphinium ajacis* is as an excitant, rubefacient, astringent, and antizymotic. In many cases this remedy shows a great resemblance to carbolic acid and with iodoform.—*Archiv. der Pharmacie.*

QUADRUPLETS.—Drs. Edwards and McTaggart, of London, Ont., report a remarkable case: A woman, already the mother of four children, had what was supposed to be an early miscarriage in the last week of January, 1883. Her abdomen continued to enlarge, and finally became of an immense size. On September 14, 1883, she was confined of *four* living children, two boys and two girls, the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. Three of the children weighed somewhat over four pounds, and one slightly under that weight. There was only one placenta. At last report all were alive and doing well. *Canada Med. and Surg. Journal.*

THE BEST DEPILATORY.–Dr. J. Magee Finny, of Dublin, writes to the British Medical Journal: The only reliable way to remove an excessive growth of hair (Hirsuties) is by electrolysis. By this method I have permanently removed over two thousand hairs from the face of one lady, as well as several smaller growths from the upper lip and chin, and on moles, etc., in other instances. The ordinary depilatory powders, containing sulphide of calcium or sodium, do not affect the hair-folicle, and are, therefore, but of temporary benefit. The method of applying electrolysis, which I adopt is accurately described in Duhring's Diseases of the Skin, third edition, p. 425.

The German Cholera Commission, headed by Dr. Koch, is now at Damietta, still continuing its investigations.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from October 20, 1883, to October 27, 1883.

Moore, John, Lieutenant Colonel and Assistant Medical Purveyor, to be relieved from duty as Medical Director, Headquarters Department of the Columbia; to proceed to San Francisco, California, and assume charge of the Medical Purveying Depot in that city. (Par. 10, S.O. 243, A.G.O. October 24, 1883.) *Horton, S. M.*, Major and Surgeon, leave of absence for one month, with permission to apply for an extension of three months. (Par. 6, S.O. 216, Department of the Missouri, October 20, 1883.) *Wolverton, Wm. D.*, Major and Surgeon, granted leave of absence for one month. (Par. 6, S.O. 201, Department of the East, October 24, 1883.) *Barnett, Richards*, Captain and Assistant Surgeon, assigned to duty at Columbus Barracks, Columbus, Ohio. (Par. 1, S.O. 240, A.G.O., October 20, 1883.) *Mans, Louis M.*, Captain and Assistant Surgeon, assigned to duty at Fort A. Lincoln, D. T. (Par. 4, S.O. 180, Department of Dakota, October 15, 1883.) *Merrill, J. C.*, Captain and Assistant Surgeon, granted leave of absence for one month. (Par. 7, S.O. 201, Department of the East, October 24, 1883.)

OFFICIAL LIST of Changes of Stations and Duties of the Medical Officers of the United States Marine Hospital Service, from July 1, 1883, to September 30, 1883.

Bailhache, P. H., Surgeon, detailed as member of Board to examine candidates for promotion, August 23, 1883; detailed as surgeon in charge of Cape Charles Quarantine Station, Sept. 5, 1883. *Miller, T. W.*, Surgeon, granted leave of absence for twenty-five days, August 31, 1883. *Wyman, Walter*, Surgeon, detailed as member of Board to examine candidates for promotion, August 23, 1883. *Long, W. H.*, Surgeon, granted leave of absence for twenty days, Sept. 25, 1883. *Smith, Henry*, Surgeon, directed to take charge of quarantine service at the Capes, July 29, 1883. *Stoner, G. W.*, Passed Assistant Surgeon, granted leave of absence for thirty days, August 24, 1883; to inspect the relief stations along the cost of Maine, September 29, 1883. *Goldsborough, C. B.*, Passed Assistant Surgeon, granted leave of absence for thirty days, August 29, 1883. *Banks, C. E.*, Assistant Surgeon, relieved from duty at Portland, Oregon, and to report to the Surgeon General at Washington, July 10, 1883. *Carmichael, D. A.*, Assistant Surgeon, granted leave of absence for ten days, August 31, 1883. *Peckham, C. T.*, Assistant Surgeon, to proceed to Portland, Maine, for temporary duty, August 25, 1883. *Devan, S. C.*, Assistant Surgeon, to proceed to Portland, Oregon, and assume charge of the service, September 11, 1883. *Kalloch, P. C.*, Assistant Surgeon, to proceed to Philadelphia, Pa., for temporary duty, July 25. 1883; to rejoin his station (New York) July 31, 1883. *Yemans, H. W.*, Assistant Surgeon, relieved from duty at Sitka, Alaska, and to proceed to Portland, Oregon, for temporary duty, July 10, 1883; to proceed to San Francisco, California, reporting for duty to Surgeon Vansant, September 11, 1883. *Glennan, A. H.*, Assistant Surgeon, to remain at Norfolk, Va., until further orders, July 29, 1883. *Wasdin, Eugene*, Assistant Surgeon, to proceed to New Orleans, La., for temporary duty, August 2, 1883; to proceed to Mobile, Alabama, for temporary duty August 27, 1883; to rejoin his station (New Orleans) as soon as practicable, September 25, 1883.

PROMOTIONS.—*Guitéras, John*, Passed Assistant Surgeon; promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from September 1, 1883; August 31, 1883. *Wheeler, W. A.*, Passed Assistant Surgeon; promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from September 1, 1883; August 31, 1883.

RESIGNATION.—*O' Connor, F. J.*, Assistant Surgeon, resignation accepted by the Secretary of the Treasury, to take effect August 1, 1883; August 2, 1883.

APPOINTMENT.—*Wasdin, Eugene*, M. D., of South Carolina, having passed the examination required by the Regulations, was appointed an Assistant Surgeon, by the Secretary of the Treasury, August 2, 1883.